

BOROUGH OF MARGATE.



ANNUAL REPORT

OF THE

School Medical Officer.

1922.

Margate :

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1923.



To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I beg herewith to present my Annual Report on the Medical Inspection and Treatment of the Children attending the Elementary Schools for the year ended 31st December, 1922, together with the Report of the School Dentist.

Last year I had to report the death of Dr. Wallis, your Ophthalmic Surgeon. Dr. Babington, who succeeded Dr. Wallis in his practice, accepted the appointment so we are again fortunate in having a specialist to examine the eyesight of the children.

I gratefully acknowledge the cordial support of the Chairman and Members of the Children's Care Committee and the ever willing help and co-operation of the Head Teachers.

I beg to remain,

Ladies and Gentlemen,

Your obedient Servant,

ROWAN McCOMBE,

School Medical Officer.

February, 1923.

REPORT.

I am glad to report that the work of each department of the School Medical Service has been carried out most smoothly and with increasing benefit to the children during the year. You will notice that the number of cases of minor ailments continues to decrease, and also the number of children suffering from Uncleanliness. The latter decline is somewhat remarkable and is due to a large extent to the untiring efforts of the Head Teachers and School Nurse, Miss O'Brien, the Sanitary Inspectress has also rendered us valuable service by visiting the homes of these children.

The scheme for payment by parents for Medical Treatment has not yet received the sanction of the Board of Education, so it would be inopportune to refer to it in this report. My only hope is that it will not deter any children from coming to the Clinic and thereby retard the progress which has been made.

STAFF.

The Staff of the School Medical Service consists of myself, as School Medical Officer; Mr. A. J. Haddock, School Dentist (part time); Dr. J. W. H. Babington, School Oculist; Dr. J. L. Sawers and Dr. F. B. Treves, Surgeons for Operations of Enlarged Tonsils and Adenoids; and Miss Walton, School Nurse. A second nurse has been engaged for operations, and the School Medical Officer administers the anæsthetic. Mr. C. J. Pemble, School Attendance Officer.

CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health and Medical Adviser to the Infant Welfare Centre; so the three branches are intimately co-ordinated.

ELEMENTARY SCHOOLS.

The average number of children on the books of the Elementary Schools in Margate for the year 1922 was 3,403. The average attendance for the same period was 2,964, giving a percentage of 87.

School Hygiene.—In my Annual Report of 1914, I gave a fairly comprehensive account of the hygienic condition of the Schools, with various recommendations, most of which have been carried out since that date.

The Sanitary Inspectress visits each School every week and reports to me any nuisance, uncleanliness or defect in the sanitary conditions.

This weekly visit has been made the means of keeping the Caretakers up to their work and I am glad to say that no serious complaint was made during the year. Sufficient lavatory basins and towels are provided at all the Schools, with a copious supply of water for washing and drinking purposes. The lighting, heating and ventilation are satisfactory except for the fact

that some of the cloakrooms are not heated, and there is, therefore, no convenience for drying the children's clothes on wet days.

Medical Inspection.—This is carried out on the School premises on Monday and Wednesday afternoons, and is conducted in accordance with the regulations of the Board of Education, which are as follows :—

“As regards the groups of children, Article 58 (b) of the code of regulations for Public Elementary Schools states that ‘the Board must be satisfied that provision has been made for the Medical Inspection of all children admitted to the School in the year ending the 31st March, and of all children between 12 and 13 years of age, together with children over 13 years of age who have not already been examined after reaching the age of 12. The Board will also require to be satisfied that provision has been made for the Medical Inspection of all children between 8 and 9 years of age.’”

The total number of children examined during the year included in the age groups was 1,039, and in addition 495 were examined as “Specials,” or “Ailing” children, making a total of 1,534. The statistical particulars will be shown in Table 1 at the end of the the Report.

Enquiries are made from the Head Teachers and School Attendance Officer to ascertain any crippling defects among the children not at School.

With the exception of the Dane Schools, St. Austin's and St. James', the inspections are carried out in one of the Teachers' rooms, so that no disturbances of the School arrangements is involved. In the above mentioned Schools it is necessary to empty a class room for the purpose.

FINDINGS AT MEDICAL INSPECTION.

Uncleanliness.—This matter has occupied a great deal of our time and attention during the year. As I mentioned in my previous reports, most of the children classified as such are girls of twelve years of age and upwards who are quite able to look after their own hair ; so by frequent visits to the Schools, and examinations, we made it clear that they must get their hair free from nits, and I am gratified to say with very satisfactory results.

No arrangements have been made by the local Authority for cleansing the children's heads, as this is very rightly considered to be the duty of the parents. Printed instructions in leaflet form are, however given to the parents, which, if carried out, will have the desired effect. There were no prosecutions of parents during the year, partly because we had no extreme cases, and partly because we got very little satisfaction from the Court when we did so.

The School Nurse paid on an average 8 visits to each School, or a total of 111 visits, to examine the children for uncleanliness,

Several additional visits were made by the Nurse and myself to re-examine the children found with unclean heads. During the year we had 191 individual cases to deal with. Last year we had 333 cases, a reduction of 142.

Enlarged Tonsils and Adenoids.—One hundred and thirty-four (134) children were found with this condition; sixty-four (64) were recommended for treatment, and 71 to be kept under observation. These latter cases are termed "slight," and they are examined on future occasions. If nasal obstruction occurs, or the child is constantly suffering from "colds" in the head, deafness or enlarged cervical glands, then an operation is advised,

Tuberculosis.—There were six cases of Suspected Pulmonary Tuberculosis found at routine and special examinations. I always refer these cases for confirmation to the parents' own Doctor, or to the County Tuberculosis Officer (see note on treatment).

SKIN DISEASES.

Ringworm.—There were only six (6) cases of Ringworm of the Head and eleven (11) cases of Ringworm of the Body, a considerable improvement on previous years; for example, in 1911 we had 63 cases of Ringworm of the Head under treatment and only 49 cured by the end of the year.

Scabies.—Twelve (12) cases. Three children were excluded from School and advice given to the parents as to the necessary treatment. They were afterwards re-examined at the Clinic and kept under observation until cured.

Impetigo.—Fifty-four (54) cases. Severe cases were excluded from School, and kept under observation.

External Eye Diseases.—Blepharitis, seven (7) cases; Conjunctivitis, ten (10) cases; Corneal Ulcer, four (4) cases.

Vision.—Fifty-four (54) children were found to have defective eyesight, and five (5) with Squint. They were all referred to Dr. Babington for treatment (See note on Treatment).

Ear Disease and Hearing.—There were forty-nine (49) cases under this heading, all of whom were treated as the School Clinic.

Dental Defects.—Seventy-four (74) children were found with carious teeth which ought to have been extracted. They all went to the Clinic for treatment by the School Dentist.

Minor Ailments.—In the foregoing are included most of the cases of what might be termed Minor Ailments, but there were in addition 23 cases of Bronchial Catarrh or Asthma, twelve (12) of Anæmia, and four (4) of Heart Disease.

A large percentage of ailing children are sent to me at the School Clinic by Parents, Teachers, or School Attendance Officer and

examined as "Specials," which explains the relatively small number of defective children found at Routine Medical Inspection at the Schools.

It should also be noted that the number of ailing children this year is considerably below the average. This is, I think, to a great extent due to the constant supervision of the children by the Teachers, the School Nurse, and myself, and to the measures which are taken to secure prompt treatment.

MENTALLY DEFECTIVES.

During the year one boy was reported to the Committee and sent to a Home for Mentally Defectives. There were, in addition, three other children in this category, all girls, attending school. The parents, in each case, refuse to have them placed in a Home. They are what is generally termed "high grade" mentally defectives and do not appear to cause any inconvenience at school. So far as I am aware these are the only children of school age in the area who could be classified as Mentally Defectives.

INFECTIOUS DISEASES.

The number of Notifiable Infectious Diseases (Diphtheria and Scarlet Fever) was considerably above the average. This, as is well-known, was the same throughout the Country, but I think that we were unfortunate in having two or three children sent to School after the Summer Holidays who evidently had Scarlet Fever and who were at the time in an infectious state. The Diphtheria was probably due to a "Carrier."

| Scarlet Fever. | Diphtheria. | Measles. | Whooping Cough. | Chicken Pox. |
|-------------------|-------------|----------|--------------------|-----------------|
| 49 | 23 | 245 | 53 | 30 |

All these children are visited either by myself or the Sanitary Inspectress, who is a trained nurse. The children are excluded from School for the prescribed period, and also the contacts, certificates to this effect being sent to the Head Teachers and School Attendance Officer. Advantage is also taken of the visit to instruct the parents in the care and proper treatment of the case.

FOLLOWING UP.

The School Nurse always attends and assists at the Medical Inspection. She has, therefore, first-hand knowledge of all the defects. If the parent is not present, a visit is paid to the child's home, when the parent is advised to either bring the child to the Clinic, in suitable cases, or to their own doctor. The child is subsequently seen either at the School or School Clinic and kept under observation until the defect is either cured or remedied,

MEDICAL TREATMENT.

Minor Ailments.—Practically all the cases of Minor Ailments were treated at the School Clinic by the School Nurse, under the supervision of the School Medical Officer.

Tonsils and Adenoids.—Seventy-two (72) cases were recommended for treatment. Sixty (60) were operated upon at the School Clinic, and eight less severe cases were advised to try the effect of gargles and extra breathing exercises with very satisfactory results. Four (4) cases seen just before the Christmas holidays (1922) were left over until this year.

The children come to the Clinic on the morning of the operation, being prepared the evening before according to printed instructions given to the mother by the School Nurse. The operations are performed in the afternoon and the child kept at the Clinic one night. The child is again examined the following morning by the operating surgeon and I see and examine the child a week later. I am glad to say all the operations were entirely successful and no untoward ill effects followed.

Tuberculosis.—One child had definite signs of Consumption and was sent to a Sanatorium. Two are at home excluded from School and under special treatment by the County Tuberculosis Officer, who has now a clinic in the town. The other children (3) are at School.

Ringworm.—There were only six cases of Ringworm of the Head this year. They were all promptly treated by X-Rays and were able to resume their attendance at School after about six weeks. This is a great improvement on previous years and fully justifies our course of having the children promptly treated. I think it would probably work out that the loss of grant due to non-attendance would almost balance the account for treatment; not to mention the benefit to the child educationally.

The School Nurse treats all the cases of Ringworm of the Skin at the School Clinic. They are generally cured, and are able to resume attendance in about a fortnight.

Scabies, Impetigo and other Skin Diseases.—Seventy (70) cases under this heading were treated at the School Clinic. Cases of Scabies are really treated by the parents at home, but the children come to the Clinic once a week for examination and the School Nurse takes advantage of this visit to give a little extra treatment.

Ear Disease and Hearing.—There were fourteen (14) children found to be suffering from defective hearing and sent to the School Clinic for further examination. This was chiefly due to wax in the ears, and they were all benefited by syringing. Thirty-five (35) children were found to be suffering from running ears (Otitis Media). These children are always treated at the Clinic. Twenty-seven (27) were cured by the end of the year and eight are still under treatment.

Heart and Circulation. — There are now four (4) children attending school who have Organic Heart Disease. These children are able to attend more or less regularly and they are examined from time to time, never less than at yearly intervals.

The education of these children is somewhat important as, on account of crippling effects of their heart trouble, they are not suited for heavy manual work.

Two (2) children were suffering from Functional Disease of the Heart, due to nervous origin.

Anæmia.—Twelve (12) children had Anæmia in a more or less serious form. They all received treatment and were much benefited or cured by the end of the year. I am able, through the agency of different Charities, to supply Milk, Parrish's Food, Cod Liver Oil, etc., to children in necessitous circumstances. This is much appreciated by the parents.

Eye Disease.—Twenty-one (21) cases were referred for treatment, chiefly Conjunctivitis and Blepharitis. Most of these children come to the Clinic every few days. When a child fails to turn up the School Nurse visits the house to find out the reason. This has the effect of securing regular and continuous treatment, which is most desirable in these rather slight but troublesome cases.

Vision.—Fifty-nine children were specially examined by Dr. Babington on account of defective vision as set out in the following table :—

| | | | | | |
|-------------------------------------|-----|-----|-----|-----|----|
| Hypermetropia | ... | ... | ... | ... | 18 |
| Hypermetropic Astigmatism, Compound | ... | ... | ... | ... | 18 |
| Hypermetropic Astigmatism, Simple | ... | ... | ... | ... | 4 |
| <i>Hypermetropia. Total</i> | | | | | 40 |

| | | | | | |
|------------------------------|-----|-----|-----|-----|----|
| Myopia, High | ... | ... | ... | ... | 2 |
| Myopia, Low | ... | ... | ... | ... | 2 |
| Myopic Astigmatism, Compound | ... | ... | ... | ... | 7 |
| <i>Myopia. Total</i> | | | | | 11 |

| | | | | | |
|-----------------------------|-----|-----|-----|-----|---|
| Mixed Astigmatism | ... | ... | ... | ... | 5 |
| Conjunctivitis (Follicular) | ... | ... | ... | ... | 1 |
| Blepharitis | ... | ... | ... | ... | 1 |
| Keratitis (Interstitial) | ... | ... | ... | ... | 1 |
| <i>Total</i> | | | | | 8 |

Total Patients ... 59.

The above patients also showed the following conditions:—

| | | | | | | |
|-----------------------|-----------------------------------|-----|-----|-----|-----|----|
| Anisometropia | ... | ... | ... | ... | ... | 30 |
| Convergent Strabismus | ... | ... | ... | ... | ... | 12 |
| Cornea | Nebula | ... | ... | ... | ... | 2 |
| Iris | Iritis, Acute | ... | ... | ... | ... | 1 |
| | Posterior Synechia | ... | ... | ... | ... | 1 |
| Lens | Capsule Opacity | ... | ... | ... | ... | 1 |
| Optic Nerve | Secondary Optic Atrophy following | | | | | |
| | old injury | ... | ... | ... | ... | 1 |
| Choroid | Choroiditis at Macula | ... | ... | ... | ... | 1 |

Remarks.

Of the total number of patients 95% show a definite error of refraction. Of these 71% had long sight, 21% squint, and 20% short sight: also 54% had different refraction in the two eyes (anisometropia).

The general physical condition of the children appeared satisfactory.

These children are referred by the School Medical Officer to the Ophthalmic Surgeon, who in turn examines them at the School Clinic. Every child with squint or unable to read Sn. Type 6/12 is thus sent for special examination, and when spectacles are required they are prescribed. No charge is made to the parents for the examination, but they have, except in necessitous cases, to obtain the spectacles at their own cost.

| | | | | |
|--------------------------------------|-----|-----|-----|--------|
| Spectacles supplied by parents | ... | ... | ... | 42 |
| Spectacles supplied by the Committee | ... | ... | ... | 17 |
| Cost to Committee for Glasses | ... | ... | ... | £8-4-0 |

(See also Table IV B.)

Dental Defects.—The figures in Table IV D (1) and (2) are an abstract of the result of examination and treatment carried out at the School Clinic for the year ended 1922.

The Schools are visited in rotation, the infants—children between the ages of four and seven years—being first examined and charts made out.

After that the Boys' and Girls' Schools are similarly dealt with.

The parents of the children who require treatment are notified that the School Dentist desires to see them at the Clinic, and where necessary an explanation is given to the parent of what requires to be done to put the child's mouth in good order.

As far as possible everything is done to save the children's teeth by filling and treatment, and it is only when conservative methods would be useless that removal is resorted to.

Where there are difficult extractions, or are several in the same mouth, as sometimes happens, Dr. McCombe gives the children Nitrous Oxide gas. It is most important that as little pain and inconvenience as is possible should be given to the children if we are to retain their confidence and that of their parents.

A study of the figures relating to the Dental Department of the School Clinic for the year ended 1922 shows the appreciation of both parents and children for the work done.

During the past year I have endeavoured to give longer sittings to the children so that they should be away from School on as few occasions as possible.

For this reason the number of attendances is less than last year but as the amount of work got through is greater than any previous year it would prove a satisfactory arrangement.

I should like to thank the School Nurse and School Teachers for the help they always give me.

ARTHUR J. HADDOCK, L.D.S., R.C.S. Eng.

Open Air Education.—At present there is no Open Air School available for the education of delicate children or those suffering from crippling defects. Last year I presented a report to the Committee on this subject with plans and specifications for a suitable building, but the time was not considered opportune for incurring any large expenditure, so the matter is in abeyance for the present. We would require accommodation for at least 20 children.

EMPLOYED CHILDREN.

During September last I presented the following report on Employed Children to the Children's Care Committee;—

I beg to report that during July I examined all the children attending the Elementary Schools who were employed.

The total number of children employed was 74, practically all errand boys or paper boys.

At the time of examination 8 children were illegally employed but not to any serious extent, and only for a very short period of time, about three to five days. The matter was referred to your Inspector and quickly remedied.

All the boys were strong and healthy.

This is very satisfactory and fully justifies the action of the Committee in appointing an Inspector during the busy season to see that the Act relating to Employed Children is fully enforced.

CO-OPERATION OF PARENTS.

A few days previous to the date of Medical Inspection a notice is sent to each parent stating that his child will be medically examined on a certain day. The parents are also asked to return a notice giving certain particulars of the child's health, such as the date of any infectious disease, operation, rupture, or other defects. This is noted on the child's inspection card and is a useful guide if the parent is not present.

About 80% of the parents attend the Medical Inspection, notably of the Infants, when practically all the Mothers are present. This is very encouraging to me as it shows how keen an interest they take in their children and how anxious they are to find out if anything is wrong. Any recommendations as to treatment or seeking further advice from their own doctor is always carried out.

CO-OPERATION OF TEACHERS.

The Teachers have always and at all times given me every assistance at Medical Inspection. They fill up that part of the Inspection Card relating to the child's height and weight, past illnesses and attendances, help with the weighing of the children and the dressing and undressing, also in sending the children to the Clinic for treatment, and notifying Infectious Diseases; in fact, as I have often stated, the success of the work is largely due to the interest taken in the children by the Head Teachers.

CO-OPERATION OF THE SCHOOL ATTENDANCE OFFICER.

The School Attendance Officer has also rendered me every assistance with the children in sending them to the Clinic, reporting cases of Infectious Diseases, Crippling Defects, &c., &c.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

We have no blind or partially blind children of school age in the area at present. Three Deaf and Dumb Children are attending the Royal School for Deaf and Dumb Children. Minor cases of Epilepsy are allowed to attend School, but those who have frequent fits are sent to the Lingfield Training Colony.

PROVISION OF MEALS.

I cannot speak too highly of the Children's Dinner Fund for supplying nourishing dinners to the poorer children. The dinner is cooked and served between 12 and 1 o'clock in the New Cross Street Schools, and is supervised by voluntary workers.

The dinners commence directly after the Christmas holidays and are continued until Easter or Whitsuntide, according to the conditions prevailing at the time. The cost to the children is one halfpenny per dinner. On an average 42 children attend the dinners daily. During the year a total of 2,598 dinners were served.

TABLE I.
Number of Children Inspected
1st January, 1922 to 31st December, 1922.

A. ROUTINE MEDICAL INSPECTION.

| Age. | Entrants. | | | | | Total. |
|----------------------|-----------|----|-----|----|-------------|--------|
| | 3 | 4 | 5 | 6 | Other Ages. | |
| BOYS | 3 | 35 | 52 | 41 | 6 | 137 |
| GIRLS | 4 | 29 | 61 | 52 | 5 | 151 |
| <i>Totals</i> | 7 | 64 | 113 | 93 | 11 | 288 |

| Age. | Intermediate Group. | | Leavers. | | | | <i>Grand Total.</i> |
|----------------------|---------------------|-----|----------|-----|-------------|-------|---------------------|
| | 8 | 12 | 13 | 14 | Other Ages. | Total | |
| BOYS | 217 | 191 | ... | 1 | ... | 409 | 546 |
| GIRLS | 169 | 170 | 3 | ... | ... | 342 | 493 |
| <i>Totals</i> | 386 | 361 | 3 | 1 | ... | 751 | 1,039 |

B. SPECIAL INSPECTIONS.

| | Special Cases. | Re-Examinations (i.e. No. of Children Re-Examined). |
|----------------------|----------------|---|
| BOYS | 258 | 279 |
| GIRLS | 237 | 252 |
| <i>Totals</i> | 495 | 531 |

C. Total Number of Individual Children Inspected by the Medical Officer whether as Routine or Special Cases (no Child being counted more than once in one year).

NUMBER OF INDIVIDUAL CHILDREN INSPECTED. 1,534.

TABLE II.

Return of Defects found in the course of Medical Inspection.

| Defect or Disease. | | | | | Routine Inspections. | | Specials. | |
|--|---------------------------------|-----|-----|-----|--------------------------------|--|--------------------------------|--|
| | | | | | Number referred for treatment. | Number requiring to be kept under observation, but not referred for Treatment. | Number referred for treatment. | Number requiring to be kept under observation, but not referred for Treatment. |
| (1) | | | | | (2) | (3) | (4) | (5) |
| Skin | Malnutrition | ... | ... | ... | 3 | 1 | ... | ... |
| | Uncleanliness : | | | | | | | |
| | Head | ... | ... | ... | 27 | ... | 21 | ... |
| | Body | ... | ... | ... | ... | ... | ... | ... |
| | Ringworm : | | | | | | | |
| | Head | ... | ... | ... | 2 | ... | 4 | ... |
| | Body | ... | ... | ... | ... | ... | 11 | ... |
| | Scabies | ... | ... | ... | ... | ... | 12 | ... |
| | Impetigo | ... | ... | ... | 4 | .. | 50 | ... |
| | Other Diseases (Non-Tubercular) | ... | ... | ... | ... | ... | 4 | ... |
| Eye | Blepharitis | ... | ... | ... | 6 | ... | 1 | ... |
| | Conjunctivitis | ... | ... | ... | 1 | ... | 9 | ... |
| | Keratitis | ... | ... | ... | ... | ... | .. | ... |
| | Corneal Ulcer | ... | ... | ... | 3 | ... | 1 | ... |
| | Corneal Opacities | ... | ... | ... | .. | ... | ... | ... |
| | Defective Vision | ... | .. | ... | 19 | ... | 35 | ... |
| | Squint | ... | .. | ... | 5 | 4 | ... | ... |
| | Other Conditions | ... | ... | ... | ... | ... | 7 | ... |
| Ear | Defective Hearing | ... | ... | ... | 7 | 1 | 7 | ... |
| | Otitis Media | ... | ... | ... | 1 | ... | .. | 1 |
| | Other Ear Diseases | ... | ... | ... | 1 | ... | 33 | ... |
| Nose and Throat | Enlarged Tonsils | ... | ... | ... | 10 | 64 | 26 | ... |
| | Adenoids | ... | ... | ... | 4 | 6 | 6 | ... |
| | Enlarged Tonsils and Adenoids | ... | ... | ... | 3 | ... | 15 | 1 |
| | Other Conditions | ... | ... | ... | 2 | 2 | 4 | 1 |
| Enlarged Cervical Glands (Non-Tubercular) | | | | | 2 | 6 | 8 | ... |
| Defective Speech | | | | | ... | 1 | 5 | ... |
| Teeth—Dental Diseases | | | | | 74 | 117 | ... | ... |
| Heart and Circulation | Heart Disease : | | | | | | | |
| | Organic | ... | ... | .. | 3 | 1 | ... | ... |
| | Functional | ... | ... | ... | 1 | 1 | ... | ... |
| Lungs | Anæmia | ... | ... | .. | 8 | ... | 4 | ... |
| | Bronchitis | ... | ... | ... | ... | ... | ... | ... |
| | Other Non-Tubercular Diseases | ... | .. | ... | ... | ... | 23 | ... |
| Tuber- culosis | Pulmonary : | | | | | | | |
| | Definite | ... | ... | ... | ... | ... | ... | ... |
| | Suspected | ... | .. | .. | 1 | ... | 5 | ... |
| | Non-Pulmonary : | | | | | | | |
| | Glands | ... | ... | ... | ... | ... | ... | ... |
| | Spine | ... | ... | .. | ... | ... | 2 | ... |
| | Hip | ... | ... | ... | ... | ... | 1 | ... |
| | Other Bones and Joints | ... | ... | ... | ... | ... | 1 | ... |
| | Skin | ... | ... | ... | ... | ... | 2 | ... |
| | Other Forms | ... | ... | ... | ... | ... | ... | ... |
| Nervous System | Epilepsy | ... | ... | ... | ... | ... | 1 | ... |
| | Chorea | ... | ... | ... | 1 | ... | 6 | ... |
| | Other Conditions | ... | ... | ... | 1 | ... | ... | ... |
| Deformities | Rickets | ... | ... | ... | ... | ... | ... | ... |
| | Spinal Curvature | ... | ... | ... | ... | ... | ... | ... |
| | Other Forms | ... | ... | ... | ... | 1 | ... | ... |
| Other Defects or Diseases | | | | | 5 | 4 | 179 | 13 |
| Number of <i>Individual Children</i> having Defects which required Treatment or to be kept under Observation | | | | | 191 | 193 | 479 | 16 |

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1922.

| | | | Boys | Girls | Total |
|--|--|---|------|-------|-------|
| Blind (including partially Blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893. | | Attending Public Elementary Schools | ... | ... | ... |
| | | Attending Certified Schools for the Blind | ... | ... | ... |
| | | Not at School | ... | ... | ... |
| Deaf and Dumb (including partially Deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893. | | Attending Public Elementary Schools | ... | ... | ... |
| | | Attending Certified Schools for the Deaf... .. | 2 | 1 | 3 |
| | | Not at School | ... | .. | ... |
| Mentally Deficient. | Feeble Minded | Attending Public Elementary Schools | ... | 3 | 3 |
| | | Attending Certified Schools for Mentally Defective Children | 2 | ... | 2 |
| | | Notified to the Local (Control) Authority by Local Educa- tion Authority during the Year | ... | ... | ... |
| | | Not at School | ... | ... | ... |
| | Imbeciles | At School | ... | ... | ... |
| | Not at School | ... | ... | ... | |
| | Idiots | | ... | ... | ... |
| Epileptics | | Attending Public Elementary Schools | ... | 1 | 1 |
| | | Attending Certified Schools for Epileptics | 1 | 1 | 2 |
| | | In Institutions other than Certified Schools | ... | ... | ... |
| | | Not at School | ... | 1 | 1 |
| Physically Defective. | Pulmonary Tuberculosis | Attending Public Elementary Schools | 1 | ... | 1 |
| | | Attending Certified Schools for Physically Defective Children | ... | ... | ... |
| | | In Institutions other than Certified Schools | 1 | ... | 1 |
| | | Not at School | ... | 2 | 2 |
| | Crippling due to Tuberculosis | Attending Public Elementary Schools | 3 | 1 | 4 |
| | | Attending Certified Schools for Physically Defective Children | ... | ... | ... |
| | | In Institutions other than Certified Schools | 1 | 1 | 2 |
| | | Not at School | ... | ... | ... |
| | Crippling due to causes other than Tuber- culosis, i.e., Paralysis, Rickets, Traumatism. | Attending Public Elementary Schools | 4 | 4 | 8 |
| | | Attending Certified Schools for Physically Defective Children | ... | ... | ... |
| | | In Institutions other than Certified Schools | ... | ... | ... |
| | | Not at School | ... | ... | ... |
| | Other Physical Defectives, e.g., delicate and other children suitable for ad- mission to Open Air Schools ; children suffer- ing from severe heart disease. | Attending Public Elementary Schools | 8 | 12 | 20 |
| | | Attending Open-air Schools | ... | ... | ... |
| | | Attending Certified Schools for Physically Defective Children, other than Open- air Schools | ... | ... | ... |
| | | Not at School | ... | ... | ... |
| Dull or Backward | | Retarded 2 years | 34 | 28 | 62 |
| | | Retarded 3 years | 10 | 5 | 15 |

TABLE IV.
Treatment of Defects of Children during 1922.

A—Treatment of Minor Ailments.

| Disease or Defect. | Number of Children. | | | |
|--|-------------------------------|--|-----------|-------|
| | Referred for Treatment. | Treated. | | |
| | | Under Local Education Authority's Scheme. | Otherwise | Total |
| Skin :— | | | | |
| Ringworm (Head) ... | 6 | 6 | ... | 6 |
| Ringworm (Body) .. | 11 | 11 | ... | 11 |
| Scabies | 12 | 12 | ... | 12 |
| Impetigo | 54 | 54 | ... | 54 |
| Minor Injuries | 82 | 82 | ... | 82 |
| Other Skin Disease .. | 6 | 6 | ... | 6 |
| Ear Disease | 42 | 42 | ... | 42 |
| Eye Disease (external and other) | 27 | 27 | ... | 27 |
| Miscellaneous | 22 | 22 | ... | 22 |

B.—Treatment of Visual Defects.

| Number of Children. | | | | | | | | | |
|--------------------------|---|--------------------------------------|-------------|--------|-----------------------------------|---------------------------------|--|------------------------------------|---|
| Referred for Refraction. | Submitted to Refraction. | | | | For whom Glasses were Prescribed. | For whom Glasses were Provided. | Recommended for Treatment other than by Glasses. | Received other Forms of Treatment. | For whom no Treatment was considered necessary. |
| | Under Local Education Authority's Scheme Clinic or Hospital | By Private Practitioner or Hospital. | Other-wise. | Total. | | | | | |
| 59 | 59 | — | — | 59 | 55 | 17 | 4 | 4 | — |

C.—Treatment of Defects of Nose and Throat.

| Referred for Treatment. | Number of Children. | | | |
|-------------------------|--|--------------------------------------|--------|------------------------------------|
| | Received Operative Treatment. | | | Received other Forms of Treatment. |
| | Under Local Education Authority's Scheme—Clinic or Hospital. | By Private Practitioner or Hospital. | Total. | |
| 72 | 60 | — | 60 | 8 |

D.—Treatment of Dental Defects.

1.—Number of Children dealt with.

| | Age Groups. | | | | | | | | | | “Specials.” | Total. |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|----|----|-------------|--------|
| | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| (a) Inspected by Dentist ... | 121 | 184 | 143 | 148 | 163 | 119 | 112 | 124 | 68 | 48 | 217 | 1447 |
| (b) Referred for Treatment ... | 861 | | | | | | | | | | 217 | 1078 |
| (c) Actually Treated | 597 | | | | | | | | | | 217 | 814 |
| (d) *Re-treated (result of periodical examination) ... | 469 | | | | | | | | | | ... | 469 |

* Included in (c) above.

2.—Particulars of Time Given and of Operations Undertaken.

| No. of Half days devoted to Inspection. | No. of Half days devoted to Treatment. | Total No. of Attendances made by the Children at the Clinic. | No. of Permanent Teeth. | | No. of Temporary Teeth. | | Total Number of Fillings. | No. of Administrations of General Anæsthetics included in (4) and (6). | No. of other Operations. | |
|---|--|--|-------------------------|---------|-------------------------|---------|---------------------------|--|--------------------------|------------------|
| | | | Extracted. | Filled. | Extracted. | Filled. | | | Permanent Teeth. | Temporary Teeth. |
| 1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 12 | 160 | 1031 | 168 | 370 | 976 | 531 | 901 | 134 | 46 | 290 |

TABLE V.

**Summary of Treatment of Defects as shown in Table IV.
(A, B, C, D & F, but excluding E.)**

| Disease or Defect. | Number of Children. | | | |
|----------------------------------|-------------------------------|--|------------|--------|
| | Referred for Treatment. | Treated. | | |
| | | Under Education Authority's Scheme. | Otherwise. | Total. |
| Minor Ailments | 262 | 262 | ... | 262 |
| Visual Defects | 59 | 59 | ... | 59 |
| Defects of Nose and Throat | 72 | 60 | 8 | 68 |
| Dental Defects | 1078 | 814 | 264 | 1078 |
| Other Defects | 155 | 155 | ... | 155 |
| Total ... | 1626 | 1350 | 272 | 1622 |

TABLE VI.

Summary relating to the children Medically Inspected at the Routine Inspections during the year 1922.

| | |
|--|------|
| (1) The total number of children medically inspected at the routine inspections * | 1039 |
| (2) The number of children in (1) suffering from :— | |
| Malnutrition | 4 |
| Skin Disease | 6 |
| Defective Vision (including Squint) | 28 |
| Eye Disease | 10 |
| Defective Hearing | 8 |
| Ear Disease | 2 |
| Nose and Throat Diseases | 91 |
| Enlarged Cervical Glands (Non-tubercular) | 8 |
| Defective Speech | 1 |
| Dental Disease | 191 |
| Heart Disease :— | |
| Organic | 4 |
| Functional | 2 |
| Anæmia | 8 |
| Lung Disease (Non-tubercular) | — |
| Tuberculosis :— | |
| Pulmonary { definite | — |
| suspected | 1 |
| Non-Pulmonary | — |
| Disease of the Nervous System | 2 |
| Deformities | 1 |
| Other defects and diseases | 9 |
| (3) The number of children in (1) suffering from defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) | 193 |
| (4) The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, etc.) | 164 |
| (5) The number of children in (4) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc. | 164 |

* “Specials” not included in this table.

